

SOFTWARE PRODUCT/APPLICATION REQUEST FORM

iPad/Apps/Software
Barron Area School District

REQUESTOR'S NAME	Grade/Subject	DEPARTMENT	Usage Target Date

Title/Name of Product that is requested:

Website Name:	
Software Name:	
Hardware Name:	
Manufacturer/Company/Vendor:	
Product Initial Cost:	Product update cost (annual license/ fees, etc):
Operating System Requirements (include servers, memory, bandwidth, etc):	

C.I.P.A (Child Internet Protection Act) Implications: Is this product in compliance with CIPA requirements?
 Yes _____ No _____ (If 'No,' what are the warnings? _____)

Educational Purpose/Benefit:

Building Principal's Recommendation for approval: _____

Principal's Signature*

*The principal accepts responsibility for risk of inappropriate content. Potential risks: unsafe websites, pornography, spyware/virus, Internet predator, network server damage, etc.

Technology Committee Review

- Product risks to the District network: _____

-Required Continued technical support, following installation of product, i.e., annual upgrades/license, etc.:

- System Requirements:

- Continued, further costs for the product:

- Impact on Network Servers (bandwidth/memory/storage:

Technology Committee Recommendation:

COMPLETED: _____

ADMINISTRATIVE APPROVAL

Building Principal

INSTRUCTION AND TECHNOLOGY APPROVAL

Technology Coordinator